

September 13, 2011

Michelle Probert
Office of Maine Care Services
11 State House Station
Augusta, ME 04333-0011

Dear Michelle:

Maine Primary Care Association is writing today to provide input for consideration as the RFP is finalized and as the selection criteria for successful proposals is still being shaped for Maine's Non-Emergency Transportation (NEMT) Redesign Initiative.

MPCA has a strong history of supporting Federally Qualified Health Centers (FQHC) in Maine, through community development and improving partnerships with local organizations, including non-emergency transportation providers. In 2010, the health centers of Maine provided care to over 175,000 patients, including about 1 in 5 of the state's MaineCare recipients and uninsured. We understand the complex needs of the patients our health centers serve, and especially the role that access to transportation can have on health outcomes.

While there are many challenges in shifting to a new NEMT system, we see the following opportunities to improve the current provision of services for our patient population as well as all MaineCare members.

1. Engagement with Healthcare Providers
2. Development of Referral Networks
3. Defined Community Education Strategy
4. After-Hours Call Line

By prioritizing the following areas in RFP proposals, we think that Maine's NEMT brokerage system could be strengthened.

Engagement with Healthcare Providers

Many health center patients use NEMT services to get to and from their doctor's appointments, both for regular check-ups as well as specialty care. By asking transportation brokers to engage in open communication with healthcare providers, we can improve the coordination of available rides with health-related appointments.

Through our work on a recent MeHAF grant, we found that some health centers were not well-connected to their local regional transportation provider. For example, at one health center, staff were not aware of the after-hours call in line for the regional transportation broker, and that they didn't realize they could call to push back a return ride if the office was running late. The new model of 'mobility management' at transportation agencies might be one way to better coordinate between these two systems. By looking at the needs of the rider/patient, and improving the coordination of their appointments and meetings, the rides provided can be done more efficiently and the individual may not have to take multiple trips to have their needs met.

Development of Referral Networks

Also connected to engaging with healthcare providers to ensure that available rides are maximized is the successful development of referral networks. While our focus is on referrals between transportation and medical appointments, there is also an important relationship with other social service providers as well. If coordination among the various agencies is facilitated through the transportation provider, there could be fewer no-shows for appointments, rides can be grouped and trips to various communities maximized and better coordinated.

Community Education Strategy

The third piece is to ensure that the potential broker has a community education plan in place. Consumers need to know when rides are available both for fixed routes as well as scheduled rides. They also need to have a better understanding of the transportation provider's hours of operation, routes available, what to do if your ride doesn't show up, and what types of appointments are reimbursable. Given that many of our health centers serve individuals needing substance abuse treatment, having a connection to New Freedoms Funds or other alternative transportation options would be a major asset to the communities we serve in keeping them healthy.

After Hours Hotline

Lastly, we have heard many anecdotes where some appointment rides don't show up after hours *or* a member's appointment runs later than expected, and they miss their planned ride back. In the current system, riders generally do not have access to the transportation agency after 4:30 or 5pm on weekdays. If preference could be given to an entity who is able to provide after hours telephonic service even through a third-party, we believe this would provide a better service to the consumers using the rides, as well as positively impact the healthcare system. This could help to alleviate preventable no-shows for health appointments, which end up as lost revenue to the healthcare provider, and to the patient may mean skipping a much needed medical treatment or check up.

Thank you for your consideration of these issues as you finalize the RFP and selection guidelines. We strongly believe that through attention to the above areas, riders, healthcare providers and social service agencies will all benefit from improved communication and collaboration; which in turn will create a healthier population.

Kevin Lewis, CEO
Maine Primary Care Association